

MAR 13 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

6441

829

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 500, Montgall)

Registration District No. 399
Primary Registration District No. 1002

File No. 829
Registered No. 829
St. Montgall Ward 500

2. FULL NAME

(a) Residence, No. 500 Montgall
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carmino Terino

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11 - 1876

7. AGE YEARS 60 MONTHS 10 DAYS 1 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

13. NAME Joseph Rizzo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

15. MAIDEN NAME Mariantonia

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT Carmino Terino (ADDRESS) 500 Montgall

18. BURIAL, CREMATION, OR REMOVAL

PLACE West Mt. Pleasant DATE 2/10 1937

19. UNDERTAKER G. Schute (ADDRESS) 901 East 5th St

20. FILED 2-13-37 M. M. Crow asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 - 1937

22. I HEREBY CERTIFY, that I attended deceased from Jan 1, 1932, to Feb 12, 1937. I last saw him alive on 2/11, 1937. Death is said

to have occurred on the date stated above, at 1 a m. The principal cause of death and related causes of importance were as follows:

Chronic 131
Myocarditis
Other contributory causes of importance:
Chronic 131
Myocarditis

Name of operation Autopsy Date of 2/10
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury 2/10, 1937
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 2/10
Nature of injury 2/10

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify 2/10

(Signed) Waldheim Bledg, M. D.
Address Waldheim Bledg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

